

Cancer in Iraq vets raises possibility of toxic exposure

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After serving in Vietnam nearly 40 years ago — and receiving the Bronze Star for it — the Tucson soldier was called back to active duty in Iraq.

While there, he awoke one morning with a sore throat. Eighteen months later, Army Sgt. James Lauderdale was dead, of a bizarrely aggressive cancer rarely seen by the doctors who tried to treat it.

As a result, his stunned and heartbroken family has joined growing ranks of sickened and dying Iraq war vets and their families who believe exposures to toxic poisons in the war zone are behind their illnesses — mostly cancers, striking the young, taking them down with alarming speed.

The number of these cancers remains undisclosed, with military officials citing patient privacy issues, as well as lack of evidence the cases are linked to conditions in the war zone. The U.S. Congress has ordered a probe of suspect toxins and may soon begin widespread testing of our armed forces.

“He got so sick, so fast”

Jim Lauderdale was 58 when his National Guard unit was deployed to the Iraq-Kuwait border, where he helped transport arriving soldiers and Marines into combat areas.

He was a strong man, say relatives, who can’t remember him ever missing a day of work for illness. And he developed a cancer of the mouth, which overwhelmingly strikes smokers, drinkers and tobacco chewers. He was none of those.

“Jim’s doctors didn’t know why he would get this kind of cancer — they had no answers for us,” said his wife, Dixie.

“He got so sick, so fast. We really think it had to be something he was exposed to over there. So many of the soldiers we met with cancer at Walter Reed (Army Medical Center) complained about the polluted air they lived in, the brown water they had to use, the dust they breathed from exploded munitions. It was very toxic.”

As a mining engineer, Lauderdale knew exactly what it meant when he saw the thick black smoke pouring nonstop out of the smokestacks that line the Iraq/Kuwait border area where he was stationed for three months in 2005.

“He wrote to me that everyone was complaining about their stinging eyes and sore throats and headaches,” Dixie said. “For Jim to say something like that, to complain, was very unusual.”

“One of the mothers on the cancer ward had pictures of her son bathing in the brown water,” she said. “He died of kidney cancer.”

Stationed in roughly the same area as Lauderdale, yet another soldier — now fighting terminal colon cancer — described the scene there, of oil refineries, a cement factory, a chlorine factory and a sulfuric acid factory, all spewing unfiltered and uncontrolled substances into the air.

“One day, we were walking toward the port and they had sulfuric acid exploding out of the stacks. We were covered with it, everything was burning on us, and we had to turn around and get to the medics,” said Army Staff Sgt. Frank Valentin, 35.

Not long after, he developed intense rectal pain, which doctors told him for months was hemorrhoids. Finally diagnosed with aggressive colorectal cancer — requiring extensive surgery, resulting in a colostomy bag — he was given fewer than two years to live by his Walter Reed physicians.

He is now a couple of months past that death sentence, but his chemo drugs are starting to fail, and the cancer is eating into his liver and lungs. He spends his days with his wife and three children at their Florida home.

“I don’t know how much time I have,” he said.

Suspect: depleted uranium

None of these soldiers know for sure what’s killing them. But they suspect it’s a cascade of multiple toxic exposures, coupled with the intense stress of daily life in a war zone weakening their immune systems.

“There’s so much pollution from so many sources, your body can’t fight what’s coming at it,” Valentin said. “And you don’t eat well or sleep well, ever. That weakens you, too. There’s no chance to gather your strength. These are kids 19, 20 and 21 getting all kinds of cancers. The Walter Reed cancer ward is packed full with them.”

The prime suspect in all this, in the minds of many victims — and some scientists — is what’s known as depleted uranium — the radioactive chemical prized by the military for its ability to penetrate armored vehicles. When munitions explode, the substance hits the air as fine dust, easily inhaled.

Last month, the Iraqi environment minister blamed the tons of the chemical dropped during the war’s “shock and awe” campaign for a surge of cancer cases across the country.

However, the Pentagon and U.S. State Department strongly deny this, citing four studies, including one by the World Health Organization, that found levels in war zones not harmful to civilians or soldiers. A U.N. Environmental Program study concurs, but only if spent munitions are cleared away.

Returning soldiers have said that isn't happening.

"When tanks exploded, I would handle those tanks, and there was DU everywhere," said Valentin. "This is a big issue."

The fierce Iraq winds carry desert sand and dust for miles, said Dixie Lauderdale, who suspects her husband was exposed to at least some depleted uranium. Many vets from the Gulf War blame the chemical used in that conflict for their Gulf War syndrome illnesses.

Congress orders study

As the controversy rages, Congress has ordered a comprehensive independent study, due in October, of the health effects of depleted uranium exposure on U.S. soldiers and their children. And a "DU bill" — ordering all members of the U.S. military exposed to it be identified and tested — is working its way through Congress.

"Basically, we want to get ahead of this curve, and not go through the years of painful denial we went through with Agent Orange that was the legacy of Vietnam," said Rep. Raúl Grijalva, D-Ariz., a co-sponsor of the bill.

"We want an independent agency to do independent testing of our soldiers, and find out what's really going on. These incidents of cancer and illness that all of us are hearing about back in our districts are not just anecdotal — there is a pattern here. And yes, I do suspect DU may be at the bottom of it."

What's happening today — growing numbers of sickened soldiers who say they were exposed to it amid firm denials of harm from military brass — almost mirrors the early stages of the Agent Orange aftermath. It took the U.S. military almost two decades to admit the powerful chemical defoliant killed and disabled U.S. troops in the jungles of Vietnam, and to begin compensating them for it.

Doctors flabbergasted

Whatever it was that struck Jim Lauderdale did a terrifying job of it.

Sent to Walter Reed with oral cancer in April 2005, he underwent his first extensive and disfiguring surgery, removing half his tongue to get to tumors in the mouth and throat. A second surgery followed a month later to clear out more of those areas.

Five months later, another surgery removed a new neck tumor. Then came heavy chemotherapy and radiation.

Shortly after, he had a massive heart attack, undergoing another surgery to place stents in his arteries. Two weeks later, the cancer was back and growing rapidly, forcing a fourth surgery in January 2006.

By this time, much of his neck and shoulder tissue was gone, and doctors tried to reconstruct a tongue, using tissue from his wrist. He couldn't swallow, so was fed through a tube into his stomach.

Just weeks later, four external tumors appeared on his neck — “literally overnight,” his wife said.

Suffering severe complications from the chemo drugs, Lauderdale endured 39 radiation treatments, waking up one night bleeding profusely through his burned skin. The day after his radiation ended, new external tumors erupted at the edge of the radiation field, flabbergasting his doctors.

“As this aggressive disease grew though chemoradiation, it was determined at this point there was no chance for cure,” his oncologist wrote then.

By then, the cancer had spread to his lungs and spine and, most frightening of all, “hundreds and thousands” of tumors were erupting all over his upper body, his wife said.

“The doctors said they’d never seen anything like it — that this happens in only 1 percent of cases,” she said.

Efforts to contact his doctors at Walter Reed were unsuccessful, but a leading head-and-neck cancer specialist at the Arizona Cancer Center reviewed the course of Lauderdale’s disease.

“This a a very wrenching case,” said Dr. Harinder Garewal. “This is unusually aggressive behavior for an oral cancer. I would agree it happens in only 1 percent of cases.”

When oral cancer occurs in nonsmokers and non-drinkers, it tends to be more aggressive, he said.

“My feeling is the immune system for some reason can’t handle the cancer,” he said.

Jim Lauderdale died on July 14, 2006, and was buried in Arlington National Cemetery.

Dixie and their two grown children still feel the raw grief of loss, but not anger, she said.

“But I am convinced something very wrong is happening over there. Is anyone paying attention to this? Is the cancer ward still full?” she asked. “I would hate to see another whole generation affected like this, but I’m very afraid it will be.”

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